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Review

Ion channels in the regulation of apoptosis[☆]Artem Kondratskyi¹, Kateryna Kondratska¹, Roman Skryma, Natalia Prevarskaya^{*}*Inserm, U-1003, Equipe labellisée par la Ligue Nationale Contre le Cancer, Laboratory of Excellence, Ion Channels Science and Therapeutics, Université Lille 1, Villeneuve d'Ascq, France*

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ABSTRACT

Apoptosis, a type of genetically controlled cell death, is a fundamental cellular mechanism utilized by multicellular organisms for disposal of cells that are no longer needed or potentially detrimental. Given the crucial role of apoptosis in physiology, deregulation of apoptotic machinery is associated with various diseases as well as abnormalities in development. Acquired resistance to apoptosis represents the common feature of most and perhaps all types of cancer. Therefore, repairing and reactivating apoptosis represents a promising strategy to fight cancer. Accumulated evidence identifies ion channels as essential regulators of apoptosis. However, the contribution of specific ion channels to apoptosis varies greatly depending on cell type, ion channel type and intracellular localization, pathology as well as intracellular signaling pathways involved. Here we discuss the involvement of major types of ion channels in apoptosis regulation. This article is part of a Special Issue entitled: Membrane channels and transporters in cancers.

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1. Introduction

Apoptosis, a type of genetically controlled or programmed cell death, is a fundamental cellular mechanism utilized by multicellular organisms for disposal of cells that are no longer needed or potentially detrimental [1]. Apoptosis is essential for normal tissue homeostasis and it is involved in cell turnover in many tissues. Further, apoptosis plays an

important role in embryonic development, morphogenesis and shaping organisms [2]. Indeed, during embryonic development neuronal apoptosis sculpts the developing brain [3] whereas interdigital cell death contributes to digit individualization [4]. The role of apoptosis in termination of immune responses has also been reported [5,6]. Given the crucial role of apoptosis in physiology, it is not surprising that deregulation of apoptotic machinery is associated with various diseases as well as abnormalities in development. A number of pathological conditions, including cancer, viral infections and autoimmune diseases are characterized by apoptosis impairment, while other diseases, such as AIDS (acquired immunodeficiency syndrome), osteoporosis and neurodegenerative diseases involve increased apoptotic rate [7].

Accumulated evidence suggests that apoptosis plays an integral part in tumor development and progression [8]. Impairment in apoptosis

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breaks the balance between cell death and cell proliferation, leads to accumulation of “undead” cells and therefore supports cancerogenesis. Given that acquired resistance to apoptosis represents the common feature of most and perhaps all types of cancer, “evading apoptosis” has been defined by Hanahan and Weinberg as one of cancer hallmarks [9]. Resistance to apoptosis has been also implicated in moderate efficiency or failure of a number of anticancer treatments. Thus, targeting apoptosis represents a promising strategy to fight cancer [10,11].

Numerous studies suggest that by providing the influx/efflux of essential signaling ions, regulating cytoplasmic/intraorganellar ion concentrations, controlling cell volume, and maintaining membrane potential, ion channels are essential regulators of a number of fundamental cellular processes, including apoptosis [12–14]. Malignant transformation of cells, which is facilitated by apoptosis impairment, is often accompanied by alterations in ion channels' expression/function. Among these are both plasma membrane ion channels and intracellular ion channels, including potassium, calcium, sodium, and chloride channels, store-operated calcium channels, TRP (transient receptor potential) channels and others [15,16].

Here, we discuss the involvement of major types of ion channels in apoptosis regulatory pathways and the possible use of these channels in cancer treatment.

2. The apoptotic machinery

Apoptosis could be distinguished from other types of cell death by characteristic biochemical and morphological features including cell shrinkage, chromatin condensation, nuclear fragmentation, membrane blebbing and apoptotic bodies formation [1]. These bodies are subsequently phagocytosed by macrophages or neighboring cells. Importantly, as no cell leakage occurs during apoptosis, there is essentially no inflammatory reaction associated with this type of cell death in contrast to necrosis [17]. Thus, apoptosis represents a specialized tool for the body to focally and quietly eliminate unwanted cells with minimal if any bothering of nearby cells. It's clear that to achieve this result apoptosis should be tightly controlled at all stages, from initiation to final phagocytosis of apoptotic bodies.

The apoptotic machinery is highly complex and sophisticated, involving a variety of molecular players. Depending on the mechanism of initiation, signaling pathways that lead to apoptosis can be divided to two core pathways: the extrinsic (death receptor) pathway and the intrinsic (mitochondrial) pathway. However, it should be noted that despite the differences in mechanisms of initiation and molecules involved, these two pathways are closely interrelated [17,18]. Most of the morphological and biochemical changes observed in apoptotic cells are primarily caused by the activity of a family of cysteine proteases called caspases, which normally exist in healthy cells as inactive proenzymes and become activated upon apoptosis initiation [19]. Most of the known caspases have the role in apoptosis and can be divided into two groups: initiator caspases (e.g. caspase-8, caspase-9 and caspase-10) and effector caspases (e.g. caspase-3, caspase-6 and caspase-7). Initiator caspases activate effector caspases, which in turn realize much of the proteolysis and DNases activation seen in apoptosis [19]. However, although pronounced caspase activation is frequently found in apoptosis, the cases of caspase-independent apoptosis have been reported as well [17,20].

As it goes from its name, intrinsic or mitochondrial pathway is initiated from within the cell and involves mitochondria as central regulators. The intrinsic pathway is highly regulated by the interactions between pro- and anti-apoptotic members of the B cell lymphoma 2 (BCL-2) family of proteins [21]. Stimuli that initiate this pathway include DNA damage, oxidative stress, unfolded proteins accumulation, cytosolic calcium overload and others. All of these stimuli induce changes in mitochondrial membranes permeability either through opening of mitochondrial permeability transition pore (MPTP) or through the pore-forming activity of pro-apoptotic members of the BCL-2 protein

family, such as BCL-2-associated X protein (BAX) or BCL-2 antagonist or killer (BAK) [21–23]. The resulting mitochondrial outer membrane permeabilization (MOMP) causes loss of mitochondrial transmembrane potential ($\Delta\psi_m$), arrest of mitochondrial ATP synthesis and release of pro-apoptotic proteins from intermembrane space into the cytosol. These pro-apoptotic proteins include cytochrome c (Cyt C), second mitochondria-derived activator of caspases/direct IAP-binding protein with low pI (SMAC/DIABLO), apoptosis-inducing factor (AIF), endonuclease G (EndoG), high-temperature requirement protein A2 (HTRA2/Omi) and others [24]. Cyt C, once released into the cytoplasm, forms apoptosome (by binding to apoptotic protease activating factor 1 (Apaf-1) and dATP) and triggers the activation of initiator caspase-9, which in turn activates effector caspase-3 [25]. HTRA2/Omi and SMAC/DIABLO antagonize inhibitors of apoptosis proteins (IAPs), thereby activating caspases (Fig. 1) [26,27]. In addition, HTRA2/Omi can induce caspase-independent apoptosis via its serine protease activity [28]. EndoG and AIF translocate to the nucleus, where they mediate caspase-independent DNA fragmentation [29,30].

Unlike intrinsic pathway, extrinsic pathway is induced by extracellular pro-apoptotic signals that activate specific surface receptors called death receptors (members of the tumor necrosis factor (TNF) receptor family) which in turn trigger apoptosis via caspase-dependent pathway [17,20,31]. Extracellular pro-apoptotic signals or ligands and their respective receptors include FAS/CD95 ligand—binds to CD95, TNF α —binds to TNFR1, TNF-related apoptosis inducing ligand (TRAIL)—binds to TRAILR1–2, and others [31]. Binding of ligands to death receptors initiates the formation of multiprotein complex dubbed death-inducing signaling complex (DISC), resulting in activation of initiator caspase-8 [32]. Active caspase 8 directly activates caspase-3, thereby triggering caspase-dependent apoptosis. Alternatively, caspase-8 mediates the cleavage of Bcl2-protein family member BH3-interacting domain death agonist (BID), resulting in a pro-apoptotic truncated BID (tBID), inducing subsequent MOMP, release of CytC from mitochondria and triggering caspase9-dependent apoptosis (Fig. 1) [33,34]. Of note, apart from death receptors, another receptor types, called dependence receptors, have been also demonstrated to mediate extrinsic apoptosis [35].

3. Ion channels in the regulation of cell apoptosis

Ion channels are integral membrane proteins that mediate the influx/efflux of essential signaling ions into/from the cell or intracellular organelles thereby controlling cytoplasmic/intraorganellar ion concentrations, membrane potential and cell volume. Numerous studies have demonstrated the involvement of different ion channels in the regulation of fundamental cellular processes, such as proliferation and apoptosis [12,13]. Among these channels are both plasma membrane- and intracellular ion channels, including potassium, calcium, sodium, and chloride channels, store-operated calcium channels, TRP (transient receptor potential) channels and others [15,16].

Further, we discuss specific roles of various ion channels in apoptosis in cancer, categorized by ion channel families.

3.1. Calcium and calcium-permeable channels

Calcium is a ubiquitous intracellular messenger playing a central role in many fundamental cellular processes such as cell proliferation, differentiation, gene transcription and cell death [36]. Numerous studies indicate that calcium is an important regulator of apoptosis at all stages, from initiation to final phagocytosis of apoptotic bodies [37,38]. Cytosolic calcium overload has been shown to promote apoptosis via different pathways. For example, excessive elevation of calcium in the cytosol stimulates increase in mitochondrial calcium uptake, which in turn can induce opening of MPTP resulting in triggering of intrinsic apoptotic pathway [24,39,40]. Another mechanism involves Ca^{2+} -dependent cysteine proteases, called calpains, which mediate cleavage

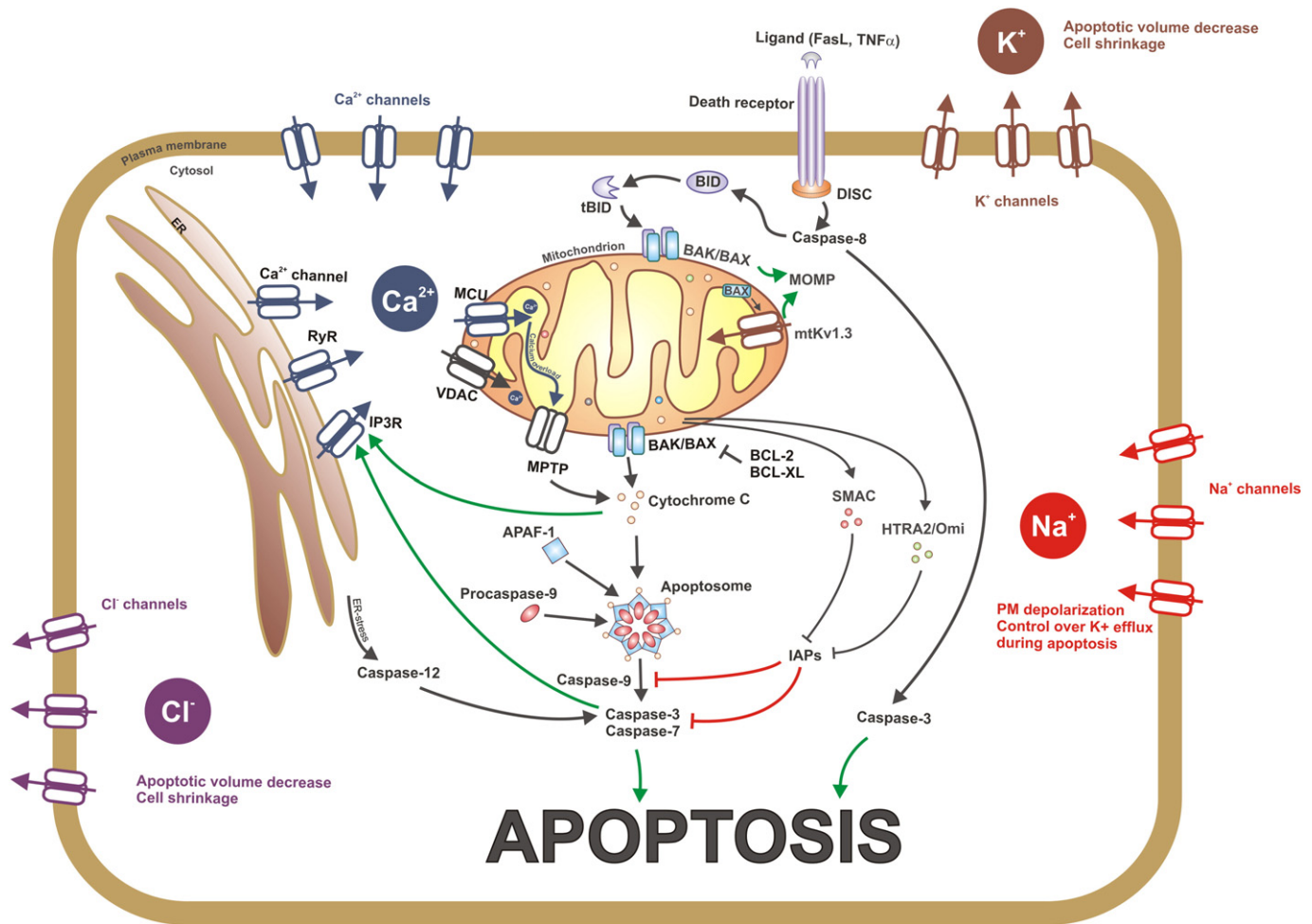


Fig. 1. Ions and ion channels in the regulation of apoptosis. Extrinsic and intrinsic apoptotic pathways are represented. Intrinsic pathway is initiated from within the cell following DNA damage, ER stress etc. These stimuli induce changes in mitochondrial membranes permeability which causes the release of proapoptotic factors from the intermembrane space. These pro-apoptotic proteins include cytochrome c (Cyt C), second mitochondria-derived activator of caspases/direct IAP-binding protein with low pI (SMAC/DIABLO), high-temperature requirement protein A2 (HTRA2/Omi) and others. Cyt C, once released into the cytoplasm, forms apoptosome (by binding to apoptotic protease activating factor 1 (Apaf-1) and dATP) and triggers the activation of initiator caspase-9, which in turn activates effector caspase-3. HTRA2/Omi and SMAC/DIABLO antagonize inhibitors of apoptosis proteins (IAPs), thereby activating caspases. Extrinsic pathway is induced by extracellular pro-apoptotic signals or ligands that activate death receptors which in turn trigger apoptosis via caspase-dependent pathway. Binding of ligands to death receptors initiates the formation of multiprotein complex dubbed death-inducing signaling complex (DISC), resulting in activation of initiator caspase-8. Active caspase 8 directly activates caspase-3, thereby triggering caspase-dependent apoptosis. Alternatively, caspase-8 mediates the cleavage of Bcl2-protein family member BH3-interacting domain death agonist (BID), resulting in a pro-apoptotic truncated BID (tBID), inducing subsequent MOMP, release of CytC from mitochondria and triggering caspase9-dependent apoptosis. Major types of ion channels involved in apoptosis regulation are represented.

of several members of BCL-2 family (including pro-apoptotic BID, as well as anti-apoptotic BCL-2 and BCL-2-like protein 1 (BCL-XL)), and promote MOMP and Cyt C release [41,42]. Cytosolic calcium overload (following treatment with calcium-mobilizing agents: ionomycin, A23187 or thapsigargin (TG)) has been also connected to apoptosis through the activation of Ca^{2+} -activated protein phosphatase calcineurin. Calcineurin dephosphorylates BCL-2-associated agonist of cell death (BAD), a pro-apoptotic member of the BCL-2 family, thus enhancing BAD heterodimerization with BCL-XL and promoting apoptosis [43].

Alternatively, ER-stress induction following alterations in ER-calcium homeostasis can activate specific ER-localized caspase-12 and thus can trigger apoptosis in a mitochondria-independent manner [44, 45]. In addition, calcium-dependent cleavage and activation of caspase-12 by m-calpain has been suggested as a mechanism underlying apoptotic cell death induced by oxygen and glucose deprivation [46]. Increase in cytosolic calcium has been also connected to the activation of several DNA-degrading endonucleases [47].

Mitochondrial, ER and cytosolic calcium levels are regulated by calcium permeable ion channels localized either on the membranes of specific intracellular organelles or on the plasma membrane [48,49]. These

calcium permeable channels are highly heterogeneous and include families of transient receptor potential (TRP) channels, store-operated channels (SOCs), voltage-gated calcium channels, as well as mitochondrial calcium uniporter (MCU), voltage-dependent anion channels (VDACs), IP₃ and ryanodine receptors, and others. These channels contribute to changes in $[\text{Ca}^{2+}]_i$ by providing Ca^{2+} entry pathways, by modulating the driving force for the Ca^{2+} entry, and also by providing intracellular pathways for Ca^{2+} uptake/release into/from cellular organelles [48–51]. Thus, modulation of calcium-permeable ion channel's expression/function affects intracellular Ca^{2+} concentrations and consequently calcium-dependent processes, including apoptosis [10].

Inositol 1,4,5-trisphosphate receptor. The ER is the major Ca^{2+} store in most cells. The inositol 1,4,5-trisphosphate receptor (IP₃R) represents primary calcium release channel on ER membranes. Under normal conditions this channel is responsible for Ca^{2+} release into the cytoplasm, in response to inositol 1,4,5-trisphosphate (InsP₃) generation stimulated by numerous stimuli, to maintain normal calcium homeostasis [52,53]. Apoptotic stimuli often provoke increased calcium release through IP₃R, which in turn causes augmented mitochondrial calcium uptake and apoptosis induction [53]. In line with this silencing

of different IP₃R isoforms significantly diminished apoptosis in lymphocytes in response to different stimuli [54–56]. Several mechanisms underlying a pro-apoptotic role of IP₃R have been proposed. First, is direct transfer of calcium from ER to mitochondria through IP₃R [57]. Indeed, it is well established that ER and mitochondria form contacts, called mitochondria-associated membranes (MAMs), which are crucial for lipid and calcium exchange between these organelles [58]. IP₃R has been shown to localize to MAMs and mediate the calcium transfer from ER to mitochondria to support bioenergetics [59–61]. Stimulation of increased ER calcium release through IP₃R by apoptotic stimuli will enhance calcium uptake by nearby mitochondria, which may trigger apoptosis through opening of MPTP [40]. Second, is cleavage of IP₃R by caspase-3 or calpains, which has been suggested to provide an enhanced ER calcium leak pathway promoting cell death [62–65]. Third, is direct binding of Cyt C to IP₃R, which amplifies calcium-dependent apoptosis. It has been demonstrated, that in HeLa and PC12 cells treated with staurosporine Cyt C directly binds to IP₃R early in apoptosis and blocks Ca²⁺-dependent inhibition of channel function, thus prolonging cytosolic Ca²⁺ oscillations and promoting further Cyt C release in a feed-forward loop [66]. Other mechanisms underlying a pro-apoptotic role of IP₃R include interaction with different members of BCL-2-family [67], phosphorylation by PKB/Akt, which leads to the suppression of “deadly” IP₃R activity and thus protects from apoptosis [68], pro-apoptotic regulation by phosphatase and tensin homolog deleted on chromosome 10 (PTEN) [69], pro-apoptotic modulation by the tumor suppressor promyelocytic leukemia protein (PML) [70], and others [67]. In cancer, current evidence suggests the importance of IP₃R in control of tumor growth, resistance to chemotherapy and aggressiveness. Thus, the anti-apoptotic role for IP₃R type III has been proposed in colorectal carcinoma, where knockdown of this receptor enhanced apoptosis, whereas high levels of IP₃R type III have been associated with increased aggressiveness [71]. The increased levels of IP₃R type III have been also found in glioblastoma cells [72]. In contrast, markedly reduced expression of IP₃R type I in cisplatin-resistant bladder cancer cells compared to parental cells has been demonstrated. Further, knockdown of IP₃R type I in these cells prevented cisplatin-induced apoptosis [73]. It seems that the contribution of IP₃R to cancer-related processes could vary depending on cancer type, IP₃ isoform involved, expression levels as well as regulation by proto-oncogenes and tumor suppressors [67].

Ryanodine receptor. The role of another major ER Ca²⁺-release channel, ryanodine receptor (RyR), in the regulation of apoptosis is much less studied compared to IP₃R. It has been demonstrated, that RyR type II is involved in Ca²⁺-transfer from sarcoplasmic reticulum (SR) to mitochondria in the heart through direct coupling of mitochondrial voltage-dependent anion channel 2 (VDAC2) with RyR type II [74]. Hence, apparently RyR could regulate apoptosis via similar to IP₃R pathways including opening of MPTP (following increased mitochondrial calcium uptake), activation of calcium-dependent effectors involved in the control of apoptosis (i.e. calpains) and others [75,76]. The involvement of RyR in TNF α -induced apoptosis in hepatoma cells has been also suggested [77]. Activity of both IP₃R and RyR has been shown to regulate the susceptibility of β -cells to ER stress resulting from impaired sarco/endoplasmic reticulum ATPase (SERCA) function [78]. Consistent with this, inhibition of ER Ca²⁺-release through RyR and IP₃R has been demonstrated to protect cortical neurons against NMDA-induced excitotoxicity by reducing cytosolic Ca²⁺ increase and attenuating both mitochondrial damage and ER stress [79]. Recently, an anti-apoptotic BCL-2 protein has been identified as a new inhibitor of RyR suggesting an important regulatory mechanism, by which RyR activity controls cell fate [80].

Mitochondrial Calcium Uniporter. As it was stated above, the excessive mitochondrial calcium uptake can lead to the opening of MPTP resulting in triggering of intrinsic apoptotic pathway. Mitochondrial Calcium Uniporter (MCU) represents the calcium-permeable channel of the inner mitochondrial membrane responsible for Ca²⁺ uptake into the matrix and thus plays a crucial role in the control of metabolism

and apoptosis [81,82]. Recent data have shown that microRNA miR-25 decreases mitochondrial Ca²⁺ uptake through selective MCU downregulation and in this way protects cells from Ca²⁺-dependent apoptosis. MCU appears to be downregulated in human colon and prostate cancers and this correlates well with upregulation of miR-25 [83]. Expression of anti-miR-25 in PC3 prostate cancer cells or in HCT116 colon cancer cells increased mitochondrial Ca²⁺ levels and re-sensitized cells to apoptosis, confirming the key role of mitochondrial Ca²⁺ accumulation in the mitochondria-dependent apoptotic pathways [83]. In contrast, elevated levels of MCU have been detected in estrogen receptor negative and basal-like breast cancers [84]. Interestingly, MCU silencing did not alter caspase-dependent cell death initiated by BCL-2 inhibitor ABT-263, while ionomycin-induced caspase-independent cell death was potentiated by MCU knockdown independently of changes in cytosolic Ca²⁺ levels. Thus, the authors concluded that MCU overexpression may offer a survival advantage against some cell death pathways and inhibition of MCU was proposed as a therapeutic strategy to treat breast cancers [84]. Recently, the physiological role of mitochondrial calcium has been revealed by mice lacking the MCU [85]. Importantly, mitochondria from MCU (–/–) mice lacked evidence for calcium-induced MPTP opening. However, the lack of MPTP opening does not protect them against a wide range of apoptotic stimuli, indicating that, at least in some cell types, the uptake of calcium by mitochondria is not essential for apoptosis [85,86]. As for MPTP, several recent studies suggested that ATP synthase has a central role in mitochondrial permeability transition. Both ATP synthase dimmers as well as c-subunit of ATP synthase have been proposed to be the pore-forming units of MPTP [87–89]. Depletion of the c-subunit has been reported to inhibit Ca²⁺- and H₂O₂-induced cell death to a similar extent to that of MPTP inhibitor cyclosporine A whereas increasing the expression of the c-subunit sensitized cells to death [87].

Voltage-dependent anion channel. Like MCU transfers Ca²⁺ across the inner mitochondrial membrane, the voltage-dependent anion channel (VDAC) imports Ca²⁺ across outer mitochondrial membrane (OMM). VDAC represents the most abundant protein of the OMM and its physiological function consists in transporting of ions, adenine nucleotides, NADH, and other metabolites between the cytoplasm and mitochondria [90]. VDAC has been proposed to mediate mitochondria-dependent cell death through the formation of MPTP [91], however this idea was challenged by other scientists [92]. Nevertheless, a number of studies strongly suggest that VDAC is critically involved in the regulation of cell fate through the interactions with numerous proteins including members of BCL-2 family, cytoskeletal elements, chaperones and others [57,93]. The final contribution of VDAC to cell death/survival has been also reported to be isoform- and stimulus-dependent. For example, VDAC1 is considered to be a pro-apoptotic protein [94], whereas VDAC2 has shown anti-apoptotic functions [95]. Interestingly, VDAC has been shown to have a higher permeability to Ca²⁺ in the closed state (associated with lower permeability to metabolites, disruption of mitochondrial homeostasis and apoptosis induction) than that in the open state [96,97]. Recombinant expression of VDAC has been reported to enhance the transfer of Ca²⁺ to mitochondria and increase the ceramide-induced cell death in HeLa cells [98]. Moreover, VDAC1 was shown to be physically linked to the IP₃R on ER through the molecular chaperone glucose-regulated protein 75 (GRP75), thus providing a direct pathway for Ca²⁺ transfer from ER to mitochondria [99]. In contrast, VDAC2 and VDAC3 isoforms do not form complexes with IP₃R, suggesting that anti-apoptotic role of VDAC2 does not involve the transmission of Ca²⁺ signals [100]. Thus, VDAC1 has been suggested to selectively transfer apoptotic Ca²⁺ signals to mitochondria [100].

Store-operated calcium channels. The store-operated calcium channels (SOCs) represent one of the major calcium-entry pathways in non-excitable cells. SOCs are plasma membrane ion channels activated in response to ER Ca²⁺ store depletion and thereby provide Ca²⁺ for ER store refilling as well as for signalling purposes [101]. The major molecular components of SOC are stromal interaction molecule 1 (STIM)

and ORAI1 proteins, where ORAI1 constitutes plasma membrane calcium channel and STIM1 represents an ER-localized protein, functioning as a sensor of ER calcium. Following ER Ca^{2+} depletion STIM1 translocates to the plasma membrane, where it interacts with and activates ORAI1 channel, thereby mediating store-operated calcium entry (SOCE) [102,103]. SOCs and in particular their major components ORAI1 and STIM1 have been shown to be implicated in a number of physiological and pathological processes including apoptosis [104, 105]. However, the role of SOCs in apoptosis seems to be dependent on multiple factors such as cell type, apoptotic stimuli as well as intracellular signaling pathway involved. Thus, several studies suggest that SOCE, ORAI1 as well as STIM1 contribute to apoptosis induced by various stress stimuli [106,107], whereas others demonstrate their pro-survival antiapoptotic role [108–111]. Indeed, ORAI1 has been demonstrated to contribute to the establishment of an apoptosis-resistant phenotype in prostate cancer cells and ORAI1 knockdown protected LNCaP cells against TG- or oxaliplatin/cisplatin-induced apoptosis [106]. The authors proposed that ORAI1 constitutes the principal source of Ca^{2+} influx used by prostate cancer cells to trigger apoptosis via mitochondrial and cytosolic mechanisms [106]. Consistent with this, pharmacological SOCE inhibition or STIM1 knockdown have been shown to inhibit hydrogen peroxide-induced apoptosis in HT22 cells via alleviation of intracellular Ca^{2+} overload, restoration of the mitochondrial membrane potential and decrease of cytochrome C release [112]. In contrast, pharmacological inhibition of SOCE or downregulation of STIM1 have been shown to enhance apoptosis induced by cisplatin in non-small cell lung cancer cells [110]. Similar results were obtained on ovary carcinoma cells, where cisplatin-induced apoptosis was significantly lower in cisplatin-resistant cells (characterized by the increased expression of both ORAI1 and STIM1) than in parental cells. Pharmacological SOC inhibition by 2-APB or Akt inhibition by SH-6 restored cisplatin sensitivity of resistant cells. The authors concluded, that ORAI1/STIM1 play protective anti-apoptotic role in these cells and proposed that enhanced Akt activity could be responsible for this [113]. Recently, we have demonstrated that ORAI1 and STIM1 play pro-survival antiapoptotic role in pancreatic adenocarcinoma cell lines, as siRNA mediated knockdown of ORAI1 and/or STIM1 increased apoptosis induced by chemotherapy drugs 5-fluorouracil (5-FU) or gemcitabine [109]. Further, it was reported that Orail-driven Ca^{2+} -entry delays the induction of the CD95-mediated apoptotic signal in leukemic T-cell lines through the translocation of the Ca^{2+} -dependent protein kinase C (PKC) $\beta 2$ to the DISC and its subsequent inactivation in T-cells. This prevented CD95-mediated caspase activation and delayed delivery of the apoptotic signal [108]. When analyzing the involvement of SOCs in apoptosis regulation in different cell models, one should take in mind that ORAI protein family comprises three members ORAI1, ORAI2 and ORAI3, whereas STIM family is represented by two isoforms STIM1 and STIM2. All of these proteins participate in SOCE in different ways as well as have SOCE-independent functions [114,115]. Therefore, future research is indispensable to better understand the specific mechanisms of apoptosis regulation by SOCE to finally conclude if their modulators could be effective in cancer treatment in each particular case.

Transient receptor potential channels. Transient receptor potential channels (TRP) channels are a large superfamily of 28 mammalian cation channels with diverse physiological functions and cellular distributions [51]. This superfamily is divided into six subfamilies (TRPC (canonical), TRPM (melastatin), TRPV (vanilloid), TRPA (ankyrin-like), TRPP (polycystin), TRPML (mucolipin)) based on structural homology. Most of TRPs are non-selective Ca^{2+} -permeable cation channels, with the exception of TRPM4 and TRPM5, which are not permeable for Ca^{2+} . The members of TRP family are activated by a plethora of different stimuli (including temperature changes, mechanical force, extra- and intracellular messengers, osmotic stress and many others) and function as important regulators of various cellular processes [51]. Consequently, defects in expression/function of these channels have been linked to human diseases [116]. Current evidence supports that TRP channels

are implicated in the regulation of cellular processes altered in cancer, including proliferation, differentiation, migration and apoptosis [117]. Hereafter we discuss the involvement of some TRPs in the regulation of apoptosis.

TRPM2, a widely expressed ion channel-enzyme, contains an enzymatic region with ADP-ribose (ADPR)-hydrolase activity [118]. It has been proposed that the main physiological role of TRPM2 is to control cytokine release in human monocytes [119]. TRPM2 knockdown in rat insulinoma RIN-5 F cells has been demonstrated to significantly suppress Ca^{2+} influx and cell death induced by H_2O_2 and $\text{TNF}\alpha$, whereas the heterologous overexpression of this channel enhanced H_2O_2 -induced apoptosis [120]. In malignant melanoma and prostate cancer TRPM2 function has been shown to be downregulated due to the upregulation of antisense TRPM2 transcripts. Functional knockdown of these antisense transcripts or over-expression of wild-type TRPM2 increases melanoma and prostate cancer cells susceptibility to apoptosis [121,122].

TRPM7, another ubiquitously expressed Ca^{2+} -permeable nonselective cation channel with enzyme activity, contains an atypical serine/threonine protein kinase within the C-terminal domain [123]. It is involved in the regulation of cellular magnesium homeostasis [124]. In rat basophilic leukemia mast cell line RBL-2H3 siRNA-mediated knockdown of TRPM7 has been reported to significantly increase apoptotic cell death [125]. The crucial importance of TRPM7 for cell survival has been suggested for mast cells [126], lymphocytes [127], gastric adenocarcinoma cells [128]. In contrast, TRPM7 has been shown to positively regulate Fas-induced apoptosis in T-lymphocytes [129]. The authors suggested that in response to Fas-signaling in the early phase of apoptosis, TRPM7 undergoes a caspase-mediated cleavage to generate two distinct proteins, the TRPM7 channel and the TRPM7 kinase. The cleaved channel potentiates Fas-induced apoptosis through the maintenance of Fas receptor internalization following receptor stimulation. Knockdown of TRPM7 impaired the Fas receptor internalization thus mediating the reduction in their sensitivity to Fas-induced apoptosis [129].

TRPM8, a cold receptor in sensory neurons [130,131], was first cloned from the human prostate as prostate-specific gene upregulated in cancer [132]. TRPM8 has been proposed to form a calcium-permeable channel at both plasma membrane and ER membranes in prostate cancer cells [133,134]. TRPM8 has been suggested to be required for the survival of prostate cancer cells, as pharmacological inhibition by capsazepine or knockdown of TRPM8 in prostate cancer LNCaP cells induced apoptosis [135]. However, in the same experimental conditions, activation of TRPM8 by menthol also induced apoptosis in LNCaP cells [135]. The authors concluded that the normal function of TRPM8 is required for LNCaP cell survival, whereas menthol-induced cell death is mediated at least in part by the sustained increase in cytosolic calcium [135]. In line with this, TRPM8 activation by menthol was reported to decrease the viability of melanoma cells, presumably by calcium-dependent mechanism [136]. Further, in human bladder cancer cells menthol induces cell death via TRPM8-mediated mitochondrial membrane depolarization [137]. Consistent with this, menthol has been demonstrated to induce TRPM8-mediated apoptosis in rat synoviocytes via mitochondrial membrane depolarization and caspases activation [138]. In contrast, knockdown of TRPM8 has been reported to enhance epirubicin-induced apoptosis in human osteosarcoma cells [139].

Several members of the vanilloid subfamily of TRP channels have been also implicated in the regulation of apoptosis. TRPV1 was originally identified in sensory neurons as a heat-activated ion channel, which functions as a transducer of painful thermal stimuli *in vivo* [140]. The tumor suppressor function has been suggested for TRPV1, as its expression inversely correlates with tumor grade and growth in many cancers [141–143]. Capsaicin, the TRPV1 agonist, has been reported to induce TRPV1-dependent apoptosis in glioma cells. The authors demonstrated that capsaicin induced TRPV1-mediated Ca^{2+} influx, p38 mitogen-activated protein kinase activation, phosphatidylserine exposure, mitochondrial permeability transition pore opening and mitochondrial transmembrane potential dissipation as well as caspase-3 activation

[141]. In urothelial cancer cells activation of TRPV1 by capsaicin has been suggested to induce apoptosis by both extrinsic Fas/CD95-dependent and intrinsic mitochondrial pathway [144]. Recently, synthetic vanilloid arvanil was proposed as therapeutics for high-grade astrocytoma [145]. By activating the ER-localized TRPV1 channel, which is significantly overexpressed in this type of cancer cells, it induces ER-stress thereby promoting tumor cell apoptosis [145]. TRPV1-mediated apoptotic cell death in rat cortical cultures has been reported to be dependent on L-type Ca^{2+} channel opening, Ca^{2+} influx, ERK phosphorylation, and reactive oxygen species production [146]. However, it should be noted that capsaicin as well as other vanilloids have been shown to affect apoptosis independently of TRPV1. For example, in human small cell lung cancer capsaicin induces apoptosis via the TRPV6 channel and the calpain pathway [147]. The role for TRPV6 in capsaicin-induced apoptosis was also confirmed in gastric cancer cells [148]. Also, several vanilloids have been proposed to act as mitochondrial inhibitors, able to activate apoptosis and/or necrosis via non-receptor mediated mechanisms [149].

TRPV2, another heat-activated TRPV channel, has been reported to be overexpressed in several cancers [150,151]. In glioma cells, TRPV2 knockdown increased cell survival via ERK-dependent increase in BCL-XL expression, Akt/PKB phosphorylation and decrease in Fas expression [152]. Accordingly, TRPV2 overexpression increased spontaneous apoptosis and sensitized glioma cells to Fas- and chemotherapy-induced apoptosis [152]. Further, triggering of the TRPV2 by cannabidiol was demonstrated to sensitize glioblastoma cells to chemotherapy-induced apoptosis [153]. Activation of TRPV2 by cannabidiol has been also linked to apoptotic cell death in human T24 bladder cancer cells. It has been proposed that T24 cell death occurred via apoptosis caused by continuous influx of calcium through TRPV2 [154]. In prostate cancer, TRPV2 has been suggested to contribute to apoptotic resistance of androgen-independent prostate cancer cell lines, likely by augmenting Ca^{2+} influx into these cells [155].

TRPV6, a channel mediating intestinal calcium absorption in duodendum, has been also found to be overexpressed in many cancers [156,157]. In prostate cancer TRPV6 expression correlates with tumor grade and TRPV6-mediated Ca^{2+} entry has been suggested to be involved in apoptosis resistance of LNCaP cells [158]. An elevated expression of TRPV6 was also detected in colon carcinoma cells, where siRNA-mediated TRPV6 knockdown inhibited proliferation and induced apoptosis [159].

The members of TRPC subfamily also contribute to apoptosis regulation. For example, TRPC6 overexpression induces calcium-dependent apoptosis in cancer cells [160]. TRPC6-mediated calcium entry has been demonstrated to be involved in high glucose-induced podocyte apoptosis through the RhoA/ROCK pathway [161].

TRPC1-mediated Ca^{2+} influx has been implicated in oxidized low-density lipoprotein-induced apoptosis in vascular smooth muscle cells [162]. Further, TRPC1 overexpression has been found to sensitize intestinal epithelial cells to apoptosis by increasing activity of protein phosphatase 2A followed by the NF-kappaB inhibition [163]. In contrast, TRPC1 was shown to protect human neuroblastoma cells against salsolinol-induced apoptosis by inhibiting cytochrome c release and BAX downregulation [164].

Other subfamilies of TRP family also have their representatives in apoptosis regulatory pathways. TRPA1 activation in small cell lung cancer cells prevented apoptosis induced by serum starvation and thus promoted cell survival, an effect which could be blocked by inhibition of TRPA1 or ERK1/2 [165].

TRPP2, the ion channel mutated in autosomal dominant polycystic kidney disease, has been shown to protect cells from apoptosis by lowering the Ca^{2+} concentration in the ER [166]. ER-resident TRPP2 increases the ER permeability to Ca^{2+} and as such reduces Ca^{2+} release from the ER in response to apoptotic stimuli. Knockdown of TRPP2 in renal epithelial cells increases ER Ca^{2+} release and augments sensitivity to apoptosis [166].

Recently, the role of TRPML1 channels in Fas-mediated apoptosis in coronary arterial myocytes has been demonstrated [167]. Activation of Fas receptor by Fas ligand induced lysosomal Ca^{2+} release (through lysosomal TRPML1) followed by calcium release from sarcoplasmic reticulum and activation of calpains and calcineurin. Silencing of TRPML1 significantly attenuated FasL-induced apoptosis and activation of calpain and calcineurin, whereas TRPML1 overexpression enhanced them [167].

TRPML3 channel mutated in varitint-waddler mouse has been associated with apoptotic death of sensory hair cells [168]. The varitint-waddler mutation A419P renders TRPML3 constitutively active, resulting in sustained influx of Ca^{2+} and subsequent apoptosis. The cell death as well as intracellular level of Ca^{2+} was significantly reduced by expression of plasma membrane calcium ATPase PMCA2 [168]. Similar mechanism has been proposed also for TRPML2 [169].

Accumulated evidence strongly suggests the involvement TRP channels in the regulation of apoptosis. However, in many cases the precise mechanisms of such regulation are elusive, suggesting the need in future research in this area.

Voltage-gated calcium channels. Voltage-gated calcium channels (VGCC) mediate Ca^{2+} entry into cells in response to membrane depolarization [170]. Based on their activation threshold, they can be divided into two subgroups: low-voltage-activated (including L-, P/Q-, N- and R-types) and high-voltage-activated (T-type) channels [171]. VGCC are implicated in the regulation of various important physiological processes including gene transcription, muscle contraction, hormone secretion, and neurotransmitter release [170]. Several reports have connected VGCC to apoptosis regulation. Depolarization-triggered calcium entry through L-type calcium channels has been found to cause mitochondrial disruption and apoptosis in chromaffin cells [172]. Thus, it appears that L-type channels translate membrane depolarization into an apoptotic stimulus. Further, Bcl2 has been reported to increase apoptotic resistance of PC12 cells by reducing Ca^{2+} entry and mitochondrial Ca^{2+} overload through indirect downregulation of L-type Ca^{2+} channels [173]. L-type calcium channels have been also implicated in apoptosis of pancreatic beta cells in patients with insulin-dependent diabetes mellitus (IDDM) [174]. Serum from patients with IDDM increased L-type calcium channel activity and caused cytoplasmic Ca^{2+} overload, thus triggering apoptosis [174]. Similarly, low-voltage-activated (presumably T-type) calcium channel mediated cytokine-induced pancreatic beta-cell apoptosis through the increase in basal cytoplasmic free Ca^{2+} concentration [175]. In contrast, T-type Ca^{2+} channel inhibition has been reported to induce p53-dependent apoptosis through activation of p38-MAPK in colon cancer cells [176]. In malignant melanoma cells knockdown or pharmacological inhibition of T-type channels induced ER-stress, inhibited autophagy and stimulated caspase-dependent apoptosis [177]. In glioblastoma cells, inhibition of T-type calcium channels disrupted Akt signaling and promoted apoptosis via reduction in BAD phosphorylation and caspases activation [178]. However, in spermatogenic cells inhibition of T-type channels prevented 2,5-hexanedione-induced mitochondrial potential loss, reduced caspase-3 activity, and increased cell survival via increase in anti-apoptotic BCL-XL expression and decrease in proapoptotic BCL-XS expression [179].

Given the important role of T-type channels in the regulation of apoptosis as well as other cancer-related processes, these channels were proposed as attractive molecular targets for anticancer therapy [180]. However, considering differential role of VGCC in apoptosis regulation in different cell models, further studies are necessary to uncover specific mechanisms of such regulation in each particular case.

3.2. Potassium and potassium channels

One of the characteristic morphological features of apoptosis is cell shrinkage [1]. A number of studies have linked cell shrinkage to potassium ions loss. Indeed, being the predominant ion inside the cell K^{+} ions

have been proposed to be major determinants of cell volume [181,182]. Moreover, cytoplasmic K^+ loss has been shown to favor activation of caspases and nucleases, which lead to apoptosis [183,184]. Indeed, several studies demonstrated that cellular K^+ depletion by valinomycin (K^+ ionophore) or plasma membrane K^+ channel overexpression induces apoptosis in different cell types [185–187]. Further, high extracellular K^+ has been reported to inhibit both the extrinsic and the intrinsic apoptosis, presumably by inhibiting the Cyt C release [188].

Potassium channels represent transmembrane proteins mediating the flow of potassium ions down their electrochemical gradient. K^+ channels are widely distributed in a vast variety of cells (both excitable and non-excitable) and are involved in a plethora of physiological processes including maintenance of membrane potential, cell proliferation and apoptosis [189,190]. Based on structural criteria, conductance properties as well as activation mechanisms potassium channels are divided into four classes: voltage-gated, calcium-activated, inward-rectifier and two-pore-domain potassium channels [189]. Various members of these four classes have been implicated in apoptosis regulation. For the complete list of potassium channels involved in the regulation of apoptosis we refer the reader to the comprehensive reviews on this subject [190–194]. Here we provide a brief overview of this area of research.

Given that K^+ efflux has been proposed to be a pro-apoptotic factor, plasma membrane potassium channels mediating K^+ efflux out of the cell represent good candidates for apoptosis regulation. However, considering uneven distribution of K^+ channels among different cell types, the specific channel that is involved varies, depending on apoptotic stimulus and cell type. For example, Kv2.1 channels have been shown to be responsible for oxidant and staurosporine-induced apoptosis in neurons [195]. In contrast, in glioblastoma cells intermediate-conductance calcium-activated potassium (IK) channel is implicated in the staurosporine-activated intrinsic apoptotic pathway while large-conductance calcium-activated potassium (BK) channels were reported to be responsible for extrinsic apoptosis [196]. In neurons, syntaxin-dependent incorporation of Kv2.1 voltage-gated potassium channels into the plasma membrane has been shown to mediate K^+ current increase during apoptosis. Both p38 MAPK and Ca^{2+} /calmodulin-dependent protein kinase II (CaMKII) have been implicated in this process [197,198].

In vascular smooth muscle cells, disruption of mitochondrial homeostasis by carbonyl cyanide-p-trifluoromethoxyphenyl-hydrazine (FCCP) induced apoptosis which was connected to an increase in BK channel activity [185]. Moreover, activation of BKCa channels has been implicated in TNF α - and nitric oxide-induced apoptosis [199,200]. HERG conductance has been demonstrated to promote hydrogen peroxide-induced apoptosis of various tumor cells [201].

Members of two-pore-domain potassium channels have been also reported to contribute to apoptotic cell death [202]. For example, TWIK-related acid-sensitive potassium channel 3 (TASK3) has been shown to contribute to TNF α -induced apoptosis in a JNK- and p38-dependent way [203]. Both TASK1 and TASK3 have been also implicated in K^+ -dependent apoptosis of cerebellar granule neurons [204]. Furthermore, hydrogen peroxide-mediated apoptosis was associated with activation of TREK channels [205].

Activation of K^+ channels by Cyt C has been proposed to play an important role in initiating the apoptotic volume decrease when cells undergo apoptosis [206]. Overexpression of BCL-2 accelerated the inactivation and downregulated the mRNA of Kv1.1, Kv1.5, and Kv2.1 channels in vascular smooth muscle cells, thus representing an additional mechanism involved in the BCL-2-mediated anti-apoptotic effect [207].

A set of K^+ channels has been found to be localized on mitochondrial membranes [208]. These channels include inward rectifying channel (Kir), ATP-dependent potassium channel (KATP), BKCa, IKCa, Kv1.3 and TASK3 [209]. Mitochondrial potassium channels regulate mitochondrial volume, mitochondrial ROS production and ATP synthesis

[209]. Thus, alterations in these channels could lead to the disturbance in mitochondrial homeostasis and subsequently to apoptosis. Indeed, mitochondrial potassium channels have been implicated in apoptosis regulation in variety of cell types. For example, mitochondrial potassium channel Kv1.3 has been suggested to mediate BAX-induced apoptosis in lymphocytes [210]. BAX has been shown to interact with and inhibit mitochondrial Kv1.3, that triggered hyperpolarization, formation of reactive oxygen species, release of Cyt C and apoptosis [210]. Similar mechanism was proposed to be shared by other mitochondrial Kvs, namely Kv1.1 and Kv1.5 [211]. Moreover, pharmacological inhibitors of mitochondrial Kv1.3 were recently reported to induce cancer cell apoptosis independently of BAX and BAK expression. More specifically, Psora-4, PAP-1 or clofazimine (membrane-permeant Kv1.3 inhibitors) efficiently induced apoptosis in Bax/Bak-double deficient human Jurkat leukemic T cells as well as in Bax/Bak-double knock-out murine embryonic fibroblasts [212,213].

Recently, despite the widely appreciated role of K^+ efflux in apoptosis, it was proposed that intracellular K^+ concentration decrease is not obligatory for apoptosis [214]. The authors showed that in *Xenopus* oocytes caspase-3 activity is not dependent on the intracellular concentration of K^+ and suggested that there is no causal link between the K^+ reduction and the caspase-dependent apoptotic process [214].

Considering their role in apoptosis regulation, potassium channels have gained much of attention as potential regulators of cancer cell death and promising anticancer therapeutic targets. Aberrant expression of potassium channels is frequently observed in different cancers [192]. However, some cancers are characterized by increased expression of some potassium channels, while others show down-regulation, suggesting cell-type-specific functions of these channels [215–217]. Thus, it seems that the contribution of potassium channels to the regulation of apoptosis in cancer could vary depending on cancer type, potassium channel type, expression levels, intracellular localization as well as regulation by pro- or anti-apoptotic factors.

3.3. Sodium and sodium channels

Along with K^+ ions which have been proposed to be critical determinants of cell volume and apoptosis, other monovalent ions, including Na^+ and Cl^- , have been also demonstrated to play the role in apoptosis. Accumulated data suggest that an increase in intracellular Na^+ occurs early in apoptosis [218,219]. Moreover, several studies also reported a late increase in cytoplasmic Na^+ in apoptotic cells [220,221]. Interestingly, in the absence of physiological levels of extracellular sodium apoptotic stimulation resulted in Jurkat T-cell swelling and not cell shrinkage, suggesting that sodium controls cell morphology during apoptosis [222]. However, despite swelling these cells showed all the other characteristic features of apoptosis, such as caspase activity, DNA fragmentation and phosphatidylserine externalization [222].

Sodium influx has been suggested to contribute to plasma membrane depolarization frequently observed early in apoptosis [223,224]. However, sodium was not involved in anti-Fas induced depolarization, while mediating depolarization early in of arsenic trioxide-induced apoptosis in myeloid cells. Thus, the existence of different mechanisms for apoptotic plasma membrane depolarization within one cell type has been suggested [224].

Sodium has been also implicated in early phosphatidylserine exposure triggered by purinoreceptor P2X7 activation in thymocytes [225]. Moreover, it has been proposed that intracellular sodium may control K^+ efflux during apoptosis via stimulation of muscarinic K^+ channel (KACH) [226] as well as G protein-gated K^+ channels (GIRK, or Kir3) [227].

Sodium channels represent the integral membrane proteins mediating the influx of Na^+ ions into the cell. According to the mechanism of activation sodium channels could be classified into voltage-gated

sodium channels (VGSC) and voltage-independent sodium channels comprising epithelial sodium channels (ENaCs), acid-sensing sodium channels (ASICs) and sodium leak channel NALCN [228–231]. However, despite understanding of the important role Na^+ ions play in apoptosis, the data on the involvement of sodium channels in apoptosis regulation are rather scarce.

Activation of voltage-sensitive sodium channels during oxygen deprivation has been demonstrated to lead to apoptotic caspase-3-dependent neuronal death, whereas inhibition of sodium channels by tetrodotoxin (TTX) attenuated caspase-3 activation and apoptosis [232]. The sodium channel modulator veratridine has been shown to induce neuronal apoptosis, which could be prevented by TTX. The reported mechanism involves Ca^{2+} , mitochondria, reactive oxygen species and p53 activation [233]. In line with this, AM-36, a neuroprotective agent incorporating both antioxidant and sodium channel blocking actions, completely inhibited veratridine-induced neuronal toxicity [234]. Saxitoxin, a sodium channel blocker, has been shown to prevent anti-Fas induced apoptosis in Jurkat T-cells by preventing sodium influx [222].

Interestingly, the expression/function of the shrinkage-activated ENaC has been reported in rat hepatocytes [235]. During cell shrinkage this channel is activated by the cell volume-sensitive serine/threonine kinase hSGK. This mechanism could contribute to the increase in intracellular sodium during apoptosis [235].

Blockade of ASICs by amiloride has been suggested to protect articular chondrocytes from acid-induced apoptotic injury [236,237]. However, in these studies pro-apoptotic role of ASICs has been explained by calcium-permeability of these channels. Thus, acidosis triggers ASIC-mediated calcium influx which induces apoptosis by mitochondria- or calpain/calcineurin-dependent pathways. Inhibition of this calcium influx by amiloride prevented acid-induced apoptosis [236,237]. Calcium-permeable ASIC1a has been also implicated in acid-induced neuronal cell death [238,239].

Functional expression of sodium channels has been reported in different cancers, including those of prostate, breast, colon, lung, skin and others [240]. Aberrant expression of some sodium channels has been also demonstrated in several cancers [241,242]. However, pharmacological targeting of sodium channels in cancer commonly results in the changes in metastatic behavior of cancer cells without significant effects on viability. It should be noted that nonselective cation channels, for example the members of TRP channels family, are also permeable for Na^+ ions, suggesting that these channels could potentially regulate apoptosis by Na^+ -dependent mechanisms.

3.4. Chloride and chloride channels

As it was previously mentioned, cell shrinkage or apoptotic volume decrease (AVD) represents one of the characteristic morphological features of apoptosis. Chloride ions are inextricably linked to this phenomenon. Numerous studies have demonstrated that during AVD chloride ions leave the cell similarly to potassium ions [181,243,244]. A variety of apoptotic stimuli in different cell types have been shown to induce activation of chloride currents. Importantly, inhibition of these currents was found to prevent AVD and inhibit apoptotic cell death [243,245,246].

Chloride flow across the cell membranes is mediated by chloride channels. The Cl^- channels are ubiquitously expressed and participate in many physiological processes including volume regulation, acidification of intracellular organelles, cell cycle and apoptosis [247]. According to the gating mechanisms chloride channels could be classified into voltage-gated chloride channels (the CIC family), cystic fibrosis transmembrane conductance regulator (CFTR), Ca^{2+} -activated chloride channels (CaCCs), volume-regulated anion channels (VRACs) and ligand-gated anion channels [247]. It should be noted that chloride channels are permeable for various anions, suggesting that other ions along with Cl^- could mediate the final effects of channels opening. However,

given that Cl^- is the most abundant anion in all organisms it is widely accepted that Cl^- constitutes the predominant ion passing through chloride channels [248].

The most studied Cl^- channels for their role in AVD and apoptosis are volume-regulated anion channels (VRACs). VRACs have been implicated in regulatory volume decrease (RVD) in response to hypoosmotic stress-induced cell swelling [249]. Cell swelling activates VRACs, which mediate Cl^- efflux (accompanied by K^+ efflux through potassium channels) resulting in osmotic-driven H_2O efflux and cell volume restoration. Given that AVD is accompanied by Cl^- ions loss, it is not surprising that VRACs have been implicated in apoptotic pathway. Thus, VRACs activation (alternatively named volume-sensitive outwardly rectifying (VSOR) chloride channels) have been observed in a wide variety of cell types in response to a number of apoptotic stimuli [245]. For example, it has been demonstrated that both mitochondria- and death receptor-mediated apoptosis inducers (staurosporine and Fas ligand or $\text{TNF}\alpha$) activate chloride currents in human epithelial HeLa cells [250]. These currents exhibited the properties characteristic of VSOR currents, including outward rectification, inhibition by cell shrinkage, sensitivity to chloride channel blockers, and dependence on cytosolic ATP [250]. Thus, it appears that during AVD VSORs are highly sensitized and could be activated even in non-swollen cells. Several mechanisms have been proposed to explain this increased sensitivity of VSORs, including modulation by ROS [250] and cytosolic ATP [251].

Importantly, pharmacological inhibition of VSORs by DIDS, SITS, NPPB or phloretin prevented staurosporine-, $\text{TNF}\alpha$ -, or Fas ligand-induced AVD in various cell types [243,252]. Inhibition of apoptotic cell death by VSOR blockers has been also reported [245]. However several reports demonstrated that VSOR blockers could prevent AVD without inhibiting apoptotic cell death. For example, induction of apoptosis by nitric oxide in macrophages was reported to be independent of AVD and was not prevented by VSOR channel blockers phloretin and SITS [253]. In line with this, staurosporine-, C2-ceramide-, or serum deprivation-induced AVD was completely prevented by DIDS, SITS, or NPPB Cl^- channel blockers in cortical neurons, whereas apoptotic cell death induced by these stimuli was only mildly attenuated [244]. The authors attributed observed effects to CIC-2 and CIC-3 chloride channels, found to be expressed in cortical neurons. On the other hand, K^+ channel blockers tetraethylammonium (TEA) or clofilium completely prevented both AVD and apoptotic cell death [244].

Moreover, inhibitory effect of Cl^- channel blockers on both AVD and apoptosis was also demonstrated in cancer. In human epidermoid cancer cells, Cl^- channel blockers SITS and DIDS reduced cisplatin-induced apoptotic death [254]. Conversely, VSOR activity restoration resulted in increased apoptotic cell death following cisplatin treatment [255]. Accordingly, dysfunction of VRACs has been reported to contribute to cisplatin resistance in human lung adenocarcinoma cells [256].

Despite the fact, that VRACs have been found to be ubiquitously expressed and are implicated in various physiological processes, the molecular identity of VRACs is not clear. The CIC-3 protein has been proposed as one of the molecular candidates for the role of VRAC [257]. In HeLa cells and *Xenopus laevis* oocytes knockdown of CIC-3 significantly reduced the density of cell swelling-induced VRAC current as well as impaired the ability of cells to regulate their volume [258]. In prostate cancer LNCaP cells CIC-3-specific antibody suppressed swelling-activated Cl^- current [259]. Unexpectedly, overexpression of BCL-2 in these cells resulted in an increase in swelling-activated Cl^- current and an enhancement of endogenous expression of CIC-3 protein. The authors suggested that increase in CIC-3 expression would strengthen the ability of the cells to handle proliferative volume increases and thereby promote their survival and diminish their proapoptotic potential [259]. This hypothesis was further strengthened by the finding, that apoptosis-resistant neuroendocrine (NE) differentiated LNCaP cells were characterized by the enhanced expression of CIC-3 as well as augmented swelling-activated Cl^- current [260]. Consistent with this, overexpression of CIC-3 inhibited TGF- β 1-induced in human

bronchial epithelial cells apoptosis [261]. In neuroendocrine tumor cell lines (BON, LCC-18, and QGP-1) CIC-3 expression has been reported to enhance etoposide resistance by increasing acidification of the late endocytic compartment [262]. Indeed, as it was shown earlier, CIC-3 represents intracellular chloride channel, mainly residing on endosomal compartments [263].

However, no significant difference in swelling-activated currents (recorded in mouse hepatocytes and pancreatic acinar cells) has been observed between wild-type and CIC-3-KO mice, indicating that CIC-3 does not underlie VRAC [263]. Consistent with this, several other studies confirmed that functional expression of VRAC in the plasma membrane is independent of the molecular expression of CIC-3 in different cell types [264,265].

Several other chloride channels have been also implicated in apoptosis regulation. Anoctamin 6 (ANO6, or TMEM16F), a calcium-activated anion channel, has been reported to be an essential component of the outwardly rectifying chloride channel activated during apoptosis [266]. However, it has been shown that ANO6 activity is not related to VSOR [267]. Nevertheless, in a recent study it has been demonstrated that ANO6 differs from VRAC but supports volume regulation in the presence of Ca^{2+} [268]. Moreover, ANO6 is involved in cisplatin-induced apoptosis in Ehrlich–Lettré ascites (ELA) cells, as knockdown of ANO6 in ELA cells resulted in a decrease in cisplatin-induced caspase-3 activity, suggesting proapoptotic role for ANO6 [268]. Further, ANO6 has been suggested as an essential component for the Ca^{2+} -dependent exposure of phosphatidylserine on the cell surface, indicating another mechanism for ANO6 to regulate apoptosis [269].

Cystic fibrosis transmembrane conductance regulator (CFTR), loss of function mutations of which cause the autosomal recessive lethal disease cystic fibrosis, represents a cAMP-dependent chloride channel. Along with chloride channel function CFTR has been shown to modulate other ion channels and transporters [248]. CFTR was reported to contribute to cisplatin-induced apoptosis renal proximal cells, as blockade of CFTR by the specific inhibitor CFTRinh-172 prevented cisplatin-induced increase of ROS, decrease of intracellular GSH content and activation of caspase-3 [270]. In Chinese hamster lung fibroblasts CFTR has been demonstrated to enhance apoptosis, probably due to the modulation of the $\text{Cl}^-/\text{HCO}_3^-$ exchanger, resulting in a more efficient intracellular acidification [271]. Interestingly CFTR augmented chloride current produced by pro-apoptotic Ano6 in airway epithelial cells, suggesting its pro-apoptotic function [266].

mtCLIC/CLIC4 is an intracellular chloride channel associated with the inner mitochondrial membrane, ER membrane, nucleus and cytoplasm. CLIC4 is regulated by p53 and TNF α [272]. DNA damage or overexpression of p53 have been reported to upregulate CLIC4 and induce apoptosis. Overexpression of CLIC4 was demonstrated to induce apoptosis via caspase-dependent mitochondrial apoptotic pathway. Conversely, decrease in CLIC4 expression reduced p53-induced apoptosis [272]. Further, multiple stress inducers were found to cause the translocation of cytoplasmic CLIC4 to the nucleus, thereby accelerating apoptosis [273]. In line with this, CLIC4 expression is reduced in mouse and human skin cancer cell lines and the protein is excluded from the nucleus, thus contributing to TGF- β resistance and enhancing tumor development [274].

4. Conclusions

It has long been known that apoptosis plays a crucial role in physiology. Thus, apoptotic machinery has been studied in great detail and includes a variety of molecular players. Cytoplasmic and extracellular ion concentrations as well as ion channels, mediating ion fluxes across cellular membranes, have emerged as important regulators of apoptosis (Fig. 1).

Accumulated data proves that both ion channels and apoptosis dysfunctions are implicated in cancer initiation and progression as well as chemotherapy resistance. This fact explains the constantly growing

interest in understanding the interplay between ion channels and apoptosis in cancer.

Current evidence suggests the altered expression of various ion channels in cancer. This has been linked to a number of cancer-related processes, including apoptosis. Thus, ion channels have been proposed as promising therapeutic targets for repairing defective apoptosis in cancer. However, despite the essential progress achieved in this field, the practical utility of targeting ion channels for cancer treatment remains very limited.

One of the reasons is that most ion channels have broad expression patterns and thus are not cancer-specific. Therefore, selective targeting is vitally important to prevent toxicity to normal cells, induced by the pharmacological impairment of channel function. Another issue is unavailability of highly selective pharmacological modulators for most ion channels. The existence of alternatively spliced variants of many channels further complicates the situation. Thus, novel selective pharmacological agents, drug delivery techniques as well as siRNA transfection technologies are clearly needed to finally see the clinical implications of ion channels targeting in cancer therapy.

Further, most ion channels that have a role in apoptosis have been also implicated in other cancer-related processes, such as proliferation, differentiation and migration. This fact should be considered when targeting apoptosis through ion channels in cancer treatment.

One of the major obstacles preventing the announcement of ion channel targeting as a general approach to treat cancer is differential and paradoxical contribution of specific ion channels to apoptosis depending on cancer type, ion channel type, expression levels and intracellular localization, as well as regulation by pro- or anti-apoptotic factors.

Indeed, given that Cl^- ions loss is an important pro-apoptotic factor, one could expect the downregulation or inhibition of VRACs in cancer cells to prevent apoptosis. However, CIC-3 has been found to be overexpressed in apoptosis-resistant prostate cancer cells and to enhance etoposide-resistance in neuroendocrine tumor cell lines. On the other hand, VRACs positively contribute to cisplatin-induced apoptosis in epidermoid cancer cells as well as human lung adenocarcinoma cells.

Further, while it's generally accepted that cytosolic and mitochondrial Ca^{2+} overload represents a strong apoptotic stimulus, it is logical to assume that cancer cells will downregulate Ca^{2+} -permeable channels to reduce Ca^{2+} influx. While this is the case for some channels such as TRPM2 and TRPV1, a number of Ca^{2+} -permeable channels have been demonstrated to be overexpressed in cancer, including TRPM8, TRPV2 and TRPV6.

Similarly, the downregulation of K^+ channels by cancer cells would be expected, as K^+ efflux promotes apoptosis. However, this is not the case for all the cancers, as elevated expression of $\text{K}_{v11.1}$, $\text{K}_{2p1.1}$, $\text{K}_{2p3.1}$ and other channels has been reported in several cancers.

Moreover, one given channel could play opposite roles in apoptosis in different cancer types. For example, TRPM8 activation by menthol was reported to decrease the viability of melanoma cells as well as human bladder cancer cells. In contrast, TRPM8 silencing enhanced epirubicin-induced apoptosis in human osteosarcoma cells. Further, TRPC1 overexpression has been found to sensitize intestinal epithelial cells to apoptosis, while protecting human neuroblastoma cells against salsolinol-induced apoptosis. The two isoforms of IP_3R have been also demonstrated to oppositely regulate apoptosis. Thus, the anti-apoptotic role for IP_3R type III has been proposed in colorectal carcinoma, contrasting with the pro-apoptotic role of IP_3R type I in bladder cancer cells.

Taken together, the data presented here clearly demonstrate the diversity and particular importance of ion channels in apoptosis regulation. These channels belong to different families, control the flow of different classes of ions across cell membranes, have different gating mechanisms as well as biophysical properties, and show different localization patterns. Ion channels have been implicated in virtually all decisive aspects of apoptotic process, such as cell shrinkage, cytoplasmic, ER

and mitochondrial calcium signaling, as well as mitochondrial depolarization and integrity. Importantly, the contribution of specific ion channels to apoptosis in cancer could vary depending on multiple factors such as cancer type and stage, ion channel type and localization, as well as intracellular signaling pathways involved. Therefore, no general approach can be proposed to fight cancer by ion channel targeting. Each particular cancer case requires a personal approach. Thus, we conclude that ion channels targeting has good prospects as a potential specific tool for personalized cancer therapy.

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